## FINANCIAL STATUS REPORT

(Short Form)

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1.	Federal Agency and Organization Element to which Report is Submitted	Federal Grant or Other Ident Number Assigned By Federa		OMB Approval No.	COMMISS	age 1 of 1	
	Denali Commission	0078-DC-2002-J29 Power Project Fund Capitalization	on				
3.	Recipient Organization (Name and complete address, including ZIP code)						
	STATE OF ALASKA						
	Alaska Energy Authority						
	813 West Northern Lights Blvd. Anchorage, Alaska 99503						
4.	Employer Identification Number	5. Recipient Account Number or Ide	entifying	6. Final Report	7. Basis		
	92-6001185	Number 31010					
8.	Funding/Grant Period			Yes No 9. Period covered	Cash Acci	rual	
ŀ	From: (Month, Day, Year) To: (Month, Day, Year)			From: (Month, Day, Year) To: (Month, Day, Year)			
	6/1/2002 4/30/2007			1/1/2007		3/31/2007	
10.	Transactions:	<u> </u>		ī	li II	30	
				Previously Reported	This Period	Cumulative	
	a. Total outlays			2,060,891.19	0.00	2,060,891.19	
	b. Recipient share of outlays	•		0.00	0.00	0.00	
	c. Federal share of outlays			2,060,891.19	0.00	2,060,891.19	
d. Total unliquidated obligations  e. Recipient share of unliquidated obligations				erior parte. Parte parte a	e de la partir de La la partir de	21,622.88	
				er og de gjærte. De gjærte skriperin	er sagaraga Perakulah	0.00	
	f. Federal share of unliquidated obligations				i ar Assenti Lag San San S	21,622.88	
g. Total federal share (Sum of lines c and f)				erose sent Amarikan	n karan ban Parangan	2,082,514.07	
h. Total Federal funds authorized for this funding period						2,114,233.00	
	i. Unobligated balance of Federal funds (Line h	n minus line g)		Transportation Communication (Communication)		31,718.93	
11.	Indirect Expense	a. Type of Rate (Place "X" in Appro	priate box)				
		☐ Provisional	Prede	termined	☐ Final	Fixed	
		b. Rate	c. Base	d. Total Amount		e. Federal Share	
12.	Remarks: Attach any explanations deemed ne	cessary or information required by Fed	deral sponsoring	g agency in compliar	nce with governing	l legislation	
	Certification: I certify to the best of my knowled purposes set forth in the award documents	dge and belief that this report is correct					
Typed or Printed Name and Title Telephone				e (Area code, Number and extension)			
Amy E. McCollum, Controller (90				269-4629			
Signature of Authorized Certifying Official  Date Report Submitted  April 25, 2007							
NS	N 540-01 218-4387	269-202			Sta	ndard form 269A (Rev. 7-97)	

Prescribed by OMB Circular A-102 and A-110